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FORM Mail to: TE GSURE BO. PFD **IECDB** 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073

Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

rersonal financial Di	sclosure Statement
Val Naukausa	
Name: Val Newhouse	
Please type or print l	egibly
Agency or department: lowa Lakes Community College	
Position held: Executive Vice President	
Statewide office sought (non-incumbent candidates only):
This statement is for Calendar Year 20 07. Check if This statement is required to cover the calendar	this is an amended statement.
General instructions: Complete each of Parts Λ , B , and C be	low. Attach additional pages if necessary.
* * * * * * * * * * * * * *	* * * * *
Part A. Business, Occupation, or Profession. Be occupation, or profession in which you were engaged durante and nature of each business or employer. If you wagency and for the position held above check here.	ring the previous calendar year, including the
1. 2.	
Part B. Income sources of more than \$1,000. In you received more than \$1000 in gross annual income or value of the holding is not required to be listed received jointly with one or more persons exceeding \$100 spouse or other family members. A source is reportable federal or state income tax during the reporting period. I here.	the categories below list each source from which during the previous calendar year. The amount This includes the total amount of any income 00. Do not report income received solely by your if the gross income produced was subject to
1. Securities. List any company in which you owned s	ecurities
1.	
2.	
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instruments of Financial Institutions. List the in ome such as certificates of deposit or savings accoun	istitutions from which you received annual gros
322. a. 33. miceles of doposit of savings account	113.
Trusts. State the nature or type of the trusts.	
Real Estate. List the nature of real estate interests and from the selling of property. Do not list the local	including an interest from which income was
Retirement Systems. List the name of the employ	·
ales to political subdivisions. List any sales of a pair if a commission from the sale was received.	·
- Allegan	
Other. List other sources of annual gross income no oses.	ot reported above that were reported for tax
t C. Certified Signature.	
I certify that this statement is true and accurate t	
subject to potential civil and criminal penalties for fi	ailing to file an accurate statement or for failing
e this statement by the required due date.	A Company of the Comp
Ihour a nound mas	4/29/08
(Signature of person filing statement)	(Date)